

IN DISTRICT COURT, \_\_\_\_\_ COUNTY, NORTH DAKOTA

_____,	)	
Plaintiff	)	
	)	
vs.	)	MOTION, BRIEF, AND NOTICE
	)	OF MOTION FOR REVIEW AND
	)	AMENDMENT OF CHILD SUPPORT
_____,	)	
Defendant	)	Civil No. _____

TO: \_\_\_\_\_

First	Middle	Last Name
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\_\_\_\_\_

Street Address

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City	State	Zip Code
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PLEASE TAKE NOTICE that on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_.m.  
in Courtroom \_\_\_\_\_ in the County Courthouse in \_\_\_\_\_, North Dakota, I will  
ask the Court for the following:

### MOTION

A motion to review and amend the child support order dated \_\_\_\_\_ (date  
of existing order) is made by the obligor / obligee (circle the correct party) for the following  
reasons (check all that apply):

Person Paying (Obligor)

Person Receiving (Obligee)

G Loss of income that is not temporary

G Increase of obligor's income

**G Loss of health insurance benefits**

**G Increased needs of child**

**G Change in income based on hardship caused  
by circumstances beyond my control**

**G Health insurance available to  
obligor for benefit of child**

**G Health insurance available to obligee at  
no or nominal cost**

**G Other: \_\_\_\_\_**

**G Other: \_\_\_\_\_**

**This motion seeks an amendment of the child support order to the amount per month indicated below, or the amount as the Court finds under the North Dakota Child Support Guidelines. I affirm that (check the box that applies):**

**G I am the obligor and am not self-employed, have attached a completed Financial Affidavit and required tax returns to this motion, have completed the necessary calculations to determine the amount of child support, and the amount of child support is \$ \_\_\_\_\_ .**

**G I am a self-employed obligor and have submitted a completed Financial Affidavit with the required tax returns.**

**G I am the obligee, have served the Financial Affidavit on the obligor and requested its completion, and, unless the obligor is self-employed, will submit a calculation of the amount of child support within 24 hours of the hearing if a completed Financial Affidavit is received from the obligor.**

### **BRIEF IN SUPPORT OF MOTION**

**A review of child support is allowed by N.D.C.C. § 14-09-08.4. The child support**

previously ordered may be reviewed whenever there is a change in circumstances, or after one year from the date of the last child support order, even without showing a change in circumstances.

### **CERTIFICATION**

I (the moving party), in filing this motion, certify that the information provided in support of the motion is true and correct to the best of my knowledge, that there is good cause for making this motion for review and to amend child support, and that the motion is made in good faith and not as an attempt to harass the other party.

Dated \_\_\_\_\_, 20\_\_\_\_ .

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**My Signature**

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**Street Address**

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**City/State/Zip Code**

### **NOTICE TO OTHER PARTY**

**!** You have the right to object or respond to this motion. If you wish to object or respond to the motion, you must serve upon the other party, and file with the clerk of court, a response to this motion. A form titled Response to Motion for Review and Amendment of Child Support is available from the clerk of court or from the Supreme Court's website at [www.ndcourts.gov](http://www.ndcourts.gov).

**! Your response must be in the mail and filed with the clerk of court within 13 days of the date of this Motion. The Court may, in its discretion, disregard any response served or filed with the Court after that date.**

**! If you are the obligor, you must complete and return the Financial Affidavit accompanying this motion within 10 days after receiving it from the obligee.**